

Fill	in this information to identify your c	ase:										
Del	otor 1 Cynthia Rive	ers			_							
	otor 2				_							
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	Α								
Cas	se number 22-10871					Check if this is:						
(If kr	nown)						An amended filing					
_							ent showing po as of the follow	stpetition chapter ring date:				
0	fficial Form 106I					MM / DD/ Y	YYY					
S	chedule I: Your Inc	ome						12/15				
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	r spouse is not filing w	ith you, do not inclu	ude inforn	nation	about your spo	use. If more s	space is needed,				
1.	Fill in your employment information.		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse					
	If you have more than one job,	Employment status	■ Employed		☐ Emplo	☐ Employed						
	attach a separate page with information about additional employers.	Employment status	☐ Not employed			☐ Not er	☐ Not employed					
		Occupation	Lyft Driver									
	Include part-time, seasonal, or self-employed work.	Employer's name										
	Occupation may include student or homemaker, if it applies.	Employer's address										
		How long employed t	here?									
Par	t 2: Give Details About Mor	nthly Income										
	mate monthly income as of the duse unless you are separated.	ate you file this form. f	you have nothing to	report for a	any line	, write \$0 in the	space. Include	your non-filing				
	u or your non-filing spouse have mo		ombine the information	on for all e	mploye	rs for that perso	n on the lines I	pelow. If you need				
					Fo	or Debtor 1	For Debtor non-filing s					
2.	List monthly gross wages, sala deductions). If not paid monthly,	2.	\$	0.00	\$	N/A						
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A				

4. Calculate gross Income. Add line 2 + line 3.

0.00

N/A

Debt	or 1	Cynthia Rivers			Case	e number (if known)	22	2-10871		
	Cor	py line 4 here	4.		Fo \$	r Debtor 1		or Debto on-filing		
_	·		٠.		Ψ_	0.00	. Ф		11//	-
5.		t all payroll deductions:	_		•					
	5a.	Tax, Medicare, and Social Security deductions	5a 5l		\$_ \$	0.00	. \$. \$		N/A	_
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	50		\$ _	0.00	. \$		N/A N/A	_
	5d.	Required repayments of retirement fund loans		d.	φ_ \$	0.00			N/A N/A	_
	5e.	Insurance	56		\$-	0.00			N/A	_
	5f.	Domestic support obligations	5f		\$	0.00			N/A	_
	5g.	Union dues	5	g.	\$	0.00	\$		N/A	=
	5h.	Other deductions. Specify:	_ 5h	Դ.+	\$_	0.00	+ \$		N/A	-
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	. \$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$		N/A	_
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.	2	\$	000.00	\$		NI/A	
	8b.	monthly net income. Interest and dividends	8a 8l		\$ _	900.00	. \$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	0.	J.	Ψ_	0.00	. Ψ			-
		settlement, and property settlement.	80	С.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	80	d.	\$	0.00	\$		N/A	-
	8e.	Social Security	86	Э.	\$_	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8f	f.	\$	459.00	\$		N/A	
	8g.	Pension or retirement income	_ 8	g.	\$	0.00	\$		N/A	-
	8h.	Other monthly income. Specify:	_ 8l	Դ.+	\$	0.00	+ \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,359.00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,359.00 + \$		N/A	= \$	1,359.00
10.		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		1,339.00 τ ψ		11/7	- -	1,339.00
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	dep			.,	•			0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certainlies							· —	1,359.00
13.	Do □	you expect an increase or decrease within the year after you file this form'	?						Combin monthl	ned y income
	=	Yes Explain: looking for employment								

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